



REGISTRATION AND COMPETITIVE CLASSIFICATION OF TELECOMMUNICATION COMPANIES

All telecommunications companies must register with the Utilities and Transportation Commission (UTC) prior to beginning operations in the state of Washington. Refer to RCW 80.36, WAC 480-121, 480-80, and 480-120.

1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250

Telephone 360-664-1160 / Fax 360-586-1150
TTY 360-586-8203 or 1-800-416-5289
Website: www.wutc.wa.gov

The UTC has a policy of providing equal access to its services. To request this document in alternate formats, please call 360-664-1133.

- Complete the application form.
- Submit these forms via the [Records Center Web portal](#) or e-mail to records@wutc.wa.gov as an electronic attachment. UTC encourages electronic submission of filings.
- UTC will issue a registration certificate with an effective date 30 days from the date the completed application is received and approved.

Include the following:

☐ Current Balance Sheet ☐ Latest Annual Report, if any

Competitive Classification

☐ Yes ☐ No Applicant is subject to effective competition and requests waiver of regulatory requirements outlined in WAC 480-121-063 (1).

Telecommunications Company Information

Company Name: d/b/a:
Company Mailing Address:
City/State/Zip:
Web Site Address:

Unified Business Identification Number (UBI):
(If you do not know your UBI number or need to request one contact the Department of Licensing at 360-664-1400)

Questions regarding this application should be directed to:

Name:
Phone Number: Fax Number: E-mail:
Mailing Address:
City/State/Zip:

Registered Agent (A Washington Agent is required if the company is located outside Washington State):

Name:

Mailing Address:

City/State/Zip:

Phone Number:

Name, address and title of each officer or director (attach additional pages if needed)

<u>Name</u>	<u>Address</u>	<u>Title</u>

Regulatory Contact:

Name:

Mailing Address:

Phone Number:

E-mail:

Fax Number:

Consumer Questions and/or Complaint Contact:

Name:

Title:

Phone Number:

E-mail:

Fax Number:

Emergency Contact:

Name:

Title:

Phone Number:

E-mail:

Fax Number:

Telecommunication services that will be provided (check all that apply):

☐ Local Exchange Service (Resale)

☐ Data Services

☐ Calling Cards

☐ Prepaid Calling Cards

☐ Alternate Operator Services

☐ Directory Assistance

☐ Long Distance Interlata

☐ WATS (800/888)

☐ Long Distance Intralata

☐ Other, please specify _____